

Attachment to Letter of Agreement

AUTHORIZATION LETTER

Grant Recipient: _____

Project Title: _____

The following persons are authorized to request funds for the above grant awarded by the Tobacco Indemnification and Community Revitalization Commission:

Signature	Printed Name	Title

All grant payments shall be made payable to:

Organization: _____

Address: _____

City, State, Zip: _____

Federal ID # _____

Signature of Grantee's Chief Executive

Printed Name of Grantee's Chief Executive

Title

Date